Interlibrary Loan, 1952–62: Ten Years of Progress?

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ABSTRACT

Although the revised General Interlibrary Loan Code of 1952 was designed to alleviate the "crisis" in interlibrary loan services existing at the time, libraries today find that they are still facing the same problems as they did in 1952, namely, excessive use of large, distant libraries for materials available locally, unverified references, stringent restrictions on the materials lent and their subsequent use, and the rising cost of operating interlibrary loan programs. A brief description of the use and abuse of interlibrary loans at the National Library of Medicine is followed by consideration of the alternatives to the concept of interlibrary loan presently under study in various regions. To relieve the current situation, it is proposed that federal funds be made available to medical and scientific libraries on the basis of the percentage of interlibrary loan transactions handled (2 percent of their total circulation figure), that present lending restrictions on materials be relaxed, that photocopying of articles in lieu of loan of the original be done to a greater extent, and that standardized procedures in handling requests be instituted.

THE decade from 1952 to 1962 has seen many advances in science and medicine as well as in the library field. Yet when we consider the progress made in the area of interlibrary cooperation for this same period, it appears to have been, as Mr. Coney once said, "a landscape bright with opportunity, but at times obscured by cloudy problem patches" (1). One important aspect of this cooperation, interlibrary loan, has assumed huge proportions today in the United States, almost to the extent that libraries once again face a "crisis" in this field, similar to that described by M. Uridge only eleven years ago (2). In response to the need for alleviating the cost of interlibrary loan programs and for the adoption of standardized procedures in handling requests, the year 1953 saw the acceptance of the General Interlibrary Loan Code of 1952 (3) and widespread use of the American Library Association's Interlibrary Loan Request form.

Interlibrary loan service for the period 1940–1951 had been more or less restricted to the loan of unusual books (4), but with the publication of the revised code in 1952, libraries were urged to "make available for research and for serious study library materials not in a given library . . ." (5). During this same decade, a committee of reference librarians in Philadel-

phia stated that "the primary purpose of local interlibrary loan is to facilitate the use of books where they are needed" (6), a statement perhaps more in keeping with the demands of scientific research today for rapid dissemination of information.

In examining interlibrary loan services as we know them today and as they have evolved during the past decade, let us keep in mind that only through reasonably easy access to the recorded knowledge of medicine and science can we as a nation continue to provide good medical care. Despite the great need for it, cooperation between libraries does not always develop easily because of the cost involved and the wide divergence in policy from library to library. Seldom is there much difficulty in effecting cooperative services between libraries of different types, i.e., libraries specializing in different subject fields, since the services rendered are mutually beneficial. Cooperative ventures on the part of libraries devoted to the same subject field, however, leave something to be desired, particularly when these libraries are not of corresponding size. The large libraries often absorb the greater part of the responsibility as well as the cost of filling requests for services, thus promulgating a host-parasite relationship with all its difficulties on both sides. Interlibrary loans, for example, have become big business, in that they preempt a considerable proportion of every library's budget, whether large or small, whether a lending or borrowing library. Nevertheless, the cost does not approach that of duplicating resources on a wide scale in order to make material available.

With the total number of biomedical journals published today being in the vicinity of 5,700 (7), it is no wonder that an absolute or even a reasonably good control of recorded information is virtually impossible. Yet the need for almost instantaneous access to this recorded research is more urgent today than ever before. With our present-day system of information dissemination, we often hamper the requester from the smaller medical unit where information is not readily available. The loss in time in processing the information and, in many cases, the complete lack of accessibility of the information for one reason or another are only two aspects of this difficulty.

Before suggesting ways of alleviating the financial burden for cooperative ventures, let us briefly consider the needs of medical libraries and the individual methods employed today in the interlibrary loan programs.

Requests today are handled first at the *local* level by asking a nearby library, which may have the material, to make it available for loan. As to the manner in which this is done, one encounters, as a librarian in Nassau County, New York pointed out, "a many-splendored thing, with no two libraries handling interloan alike" (8). Some libraries permit phone calls and a letter upon delivery; others require a letter mailed in advance with

no telephone calls allowed, except for emergencies, while still others prefer the ALA Interlibrary Loan Request form.

Once this barrier has been overcome, the next step is to keep in mind which libraries will lend you what. Some will give you anything, others do not circulate materials at all, and the remainder of the local libraries circulate only bound or less-used items. Moreover, the loan period of these libraries varies from three days to one month, and some institutions still insist upon a "for building use only" restriction. In 1952, just prior to the revision of the Interlibrary Loan Code, pleas were made for lending libraries to adopt more liberal policies as to what they would lend, what restrictions they would place on use of the items lent, and what methods of transport were to be used (9). Yet ten years later we are still facing the same problems.

From the foregoing brief description of the procedures and restrictions for interlibrary loans on the local level, it is somewhat easier to understand why requests are forwarded directly to the National Library of Medicine. After you spend two days calling several different libraries to locate an item and then spend an additional week to two weeks writing to a few more libraries for the desired item, only to discover that two of the libraries own the material but cannot lend it—it is no wonder that librarians are making excessive use of the National Library of Medicine in Bethesda.

In a recent survey on interlibrary loans published by the National Library of Medicine (10), it is disheartening to note that next to Washington, D.C., the areas forwarding the highest percentages of loan requests are New York, Ohio, Illinois, Texas, Florida, and New Jersey. The first three, New York, Ohio, and Illinois, should be fairly well equipped to service themselves, except for elusive, unusual items. This report becomes even more alarming when we read further that the five items most often requested are, in order of preference: *Lancet, British Medical Journal, American Journal of Physiology, Journal of the American Medical Association,* and *Journal of Biological Chemistry* (11), titles held by almost every medical library.

Even though the National Library of Medicine is receiving federal support for its interlibrary loan program, whereby it is able to provide free photocopies in reply to the majority of the requests (12), should areas already having large medical libraries within reach be burdening the National Library of Medicine with requests for "popular" journals? Should we define more closely the purpose of this library as that of servicing primarily: (a) areas with few or no resources available; (b) foreign countries to a greater extent; and (c) its own regional area—Washington, D.C., and Maryland?

When the National Library of Medicine changed its loan policy in

1957 from direct loans to individuals to loans to libraries only (13), it did so partly because of the abuse inherent in the former system, namely, that of individuals building up private reprint files for a fee, the greater part of the cost being absorbed by the federal government. Today we seem to be at almost the same standstill, perpetuating a system that is being abused to the same extent that it was in 1957. The magnitude of the present program can be fully appreciated only if actually seen in operation: 113,485 completed interlibrary loan requests for 1961–62 (14) do not stagger one's imagination nearly as much as the sight of a hospital laundry basket filled with one day's output of photocopies. No wonder there is a delay in obtaining requests, many of which undoubtedly could be better serviced locally if proper funds and resources were made available.

To digress for a moment, let us briefly describe the problems faced by the National Library of Medicine in carrying out its interlibrary loan program. Some libraries automatically request material without checking for it locally, since service from Washington is faster in the long run than that from the local area. Other libraries forward requests which they are "unable to verify" despite the fact that the item appeared in *Index Medicus,* a publication which the borrowing library receives according to the National Library of Medicine's file of subscribers. Obviously these abuses are not exclusive with the National Library of Medicine, as almost any library participating in cooperative interlibrary loan services can attest; it is only when we realize the large scale of the operation that the situation there becomes acute. Nor are these abuses the only difficulties—all of us are only too familiar with the incomplete reference, the incorrect reference, and the request form incorrectly filled out. Despite the many pleas for accuracy, verbal and otherwise, we still find librarians failing to verify references and failing to fill out the request forms properly.

To return to the financial aspect of interlibrary loans today, let us consider the cost, first to the borrowing library and then to the lending library. In 1952 Hodgson (15) pointed out that more than one half of the total cost of a completed interlibrary loan transaction can be attributed to the borrowing library, and no doubt it could also be shown that more than one half of the total time involved in such a transaction would also be attributed to the borrowing library.

On the part of the large lending library we find, according to Hodgson, that although it does not bear the greater proportion of the cost of each request, it does have to cope with the problem of the tremendous quantity of requests. Some of these libraries are lending to other libraries 10 to 15 percent of their total circulation, a substantial figure when you take into consideration the cost of the program. Even these figures, however, are for the completed requests and do not include interlibrary loan requests received but not filled for one reason or another.

To alleviate the present financial situation in regard to interlibrary loans, libraries are placing more and more restrictions on library material. Many libraries do not lend unbound items and because of heavy demands made upon the collection by the clientele, other libraries have found it necessary to refrain from lending on interlibrary loan selected journals (16) as well as recent (1955+) monographs. Some institutions require that other libraries become subscribers by contributing an annual sum to defray the expense incurred in the services rendered, while still other institutions require that the individual requesting the interlibrary loan pay a flat rate per item.

In order to overcome today's critical interlibrary loan situation, certain libraries have taken the following steps. Under the guidance of the Council of Higher Educational Institutions in New York, the cooperating libraries in Brooklyn provide each other with free photocopies, based on a liberal quota for each library. Other libraries provide photocopies at 25¢ per page, a fee which many times is too high for the patron who cannot ascertain from the bibliographic citation whether or not the content of the article is pertinent to his research. Granted, this is a good deterrent to the "reprint empire builder," but it is often an unwarranted deterrent to the research team.

A few institutions are fortunate enough to have teletype systems already in operation, whereby they can obtain faster service between cooperating libraries for reference and interlibrary loan requests. These facilities, however, are still a long way from being within the reach of the smaller libraries—the small hospital libraries in particular. Nor is teletype of prime importance when telephone service to the local unit would undoubtedly provide better, faster service, if the interlibrary loan programs there were properly supported. Telefacsimile, on the other hand, is quite another matter, but until its price becomes feasible for every library's budget, we must devise other means of cooperation.

Before suggesting areas of improvement in the existing conditions described above, let us discuss some of the recent proposals that have been made in this field. In 1962 a survey was made concerning the strengthening of medical library resources in New York State (17), and was later referred to as a possible pilot study for other regions (18). This survey proposes: (a) the designation of the New York Academy of Medicine and the New York Public Library's Science-Technology Division as reservoir libraries for the region; (b) the reimbursement to these libraries by the state for each interlibrary loan request from within the state; (c) the placement and maintenance of photocopying devices in the reservoir libraries; (d) the establishment of a paid coordinator of medical library services; (e) the allotment of state aid to supplement budgets of medical libraries; and (f) the merger of libraries wherever possible.

The extension of this proposal on a nationwide basis would be feasible only if carefully delineated regions were established, since each state may not include sufficient medical personnel to warrant a large state-supported medical reservoir library. For example, we presently have eleven states which do not have an accredited medical school (19), and of these states, only one has more than ten 150-bed accredited hospitals (20). In areas such as these, it seems doubtful that there would be sufficient demand for research materials to justify the establishment of a large medical reservoir library within each state. Perhaps as an alternative, these states could combine with others to form a "medical region."

To support these "medical regions" federal funds should be made available to libraries whose recorded need and whose amount of interlibrary cooperation carried out during the past few years warrant it. Those areas which are relatively isolated and can be more easily serviced by the National Library of Medicine should continue to be so supported. These additional federal funds should not be allotted to industrial libraries or to government hospital libraries.

It was further proposed that medium-sized medical school libraries expand to 100,000 volumes each (17), in order to serve more adequately the needs of the medical school community. Here again, perhaps the size of the clientele to be served should be carefully considered before any extensive expansion program is implemented. In an area already containing three medical libraries housing more than 200,000 volumes each, do we actually need nine additional libraries of 100,000 volumes each to serve their respective communities, especially when five of these nine are in the New York City area? Designation of a proportion of the research grant money allotted to medical schools should also be considered as a possible alternative to state aid for this purpose.

Another proposal that has been made is one for joint acquisition programs between two or more institutions (21), a likelihood in the medical and scientific world only for less-used materials which can be shared easily. Often such programs result in specialization and ultimately become ineffective because of the rapidly changing concepts and demands in medical research. Cooperative storage libraries are not always the answer to every library's needs either, since these are seldom adequately supported to provide access to recent material or to material in the broad fields of interest currently being consulted in medical research.

An area worthy of investigation is that of interlibrary loan and other cooperative systems employed in geographic regions that are not calling heavily upon the National Library of Medicine, and yet have a high concentration of medical institutions. Table 1 shows an interesting comparison when we list, in descending order, first those states which are using

TABLE 1

Distribution of Loans from National Library of Medicine*		Distribution of Medical Libraries in U.S.†	
State	Percent of U.S. Total	State	Number
1. New York	9.01	1. New York	82
2. Ohio	4.01	2. California	40
3. Pennsylvania	3.30	3. Pennsylvania	38
4. Illinois	2.89	4. Illinois	27
5. Texas	2.73	5. Massachusetts	24
6. Florida	2.63	6. Ohio	19
7. New Jersey	2.54	7. Texas	18
8. Michigan	2.51	8. Michigan	17

* Kurth, W. H. Survey of the Interlibrary Loan Operation of the National Library of Medicine. Washington, D.C., U.S. Public Health Service, 1962, p. 17.

† Medical Library Association. Directory, 2d ed. Hamden, Conn., Shoe String Press, 1959, p. 171.

the National Library of Medicine's interlibrary loan service to the greatest extent, and second those states which have the highest number of medical libraries. Telling omissions from column 1 are California and Massachusetts.

Wherever interlibrary cooperation in the form of direct loans or free photocopying is no longer possible because of the increased demand and its subsequent increased cost of operation, federal support should be given to medical and scientific libraries to assure the continued availability of needed materials. As a guide line, only those libraries which lend more than 2 percent of their total circulation to outside institutions should be eligible for federal support of interlibrary loan service. This support should take the form of a designated amount such as $1 to $2 per item beyond the 2 percent quota. The cost of the first 2 percent should be absorbed by every library. In this way the cost of interlibrary loans is more evenly distributed, for when state or federal aid is granted only to a large reservoir library, the smaller society library, which may be performing an equally important service to its isolated area, will be neglected.

Of course it goes without saying that all libraries participating in such a federally supported program would not only have to relax their circulation restrictions, but also standardize their procedures. No longer should libraries impose blanket restrictions on use or types of material to be lent, with exceptions being made only for rare and fragile items. For material unavailable because of heavy demands made upon it by a library's primary clientele, photocopying to fill requests should be done as much as possible. Only requests for items known to be in the requesting library or items that

rightfully should be in even the smallest medical library should be refused by the lending library. Any apparent abuses of the system should be handled on an individual basis.

As a final recommendation, the Medical Library Association, the Special Libraries Association, and the American Library Association should cooperate in a joint revision of the General Interlibrary Loan Code of 1952, as amended in 1956. A joint committee should be appointed to review the code on an annual basis so that its policies can be better aligned with the rapidly changing demands of research in the sciences as well as in the arts.

Perhaps libraries can achieve a certain degree of stature in the field of library cooperation if some of the following proposals are adopted: the allocation of federal funds for the support of interlibrary loan programs in regions other than Washington, D.C.; the relaxation of present stringent restrictions on loans; the expanded use of photocopying devices to fill requests; and the implementation of standard procedures in handling the requests, with the stipulation of accuracy in completing the request itself. We should not be content with our present methods of handling interlibrary loan programs; rather we should be ever alert to new procedures, new devices, and new concepts arising in the field. By 1972 let us hope that we can look back upon ten years of significant progress.

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